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Bib Data Sheet

CONFIRMATION NO. 9505

SERIAL NUMBER 09/895,915	FILING DATE 06/29/2001 RULE	CLASS 396	GROUP ART UNIT 2851	ATTORNEY DOCKET NO. TI-31321
APPLICANTS John W. Glotzbach, Lawrenceville, GA; Klaus Illgner, Muenchen, GERMANY;				
** CONTINUING DATA ***** THIS APPLN CLAIMS BENEFIT OF 60/214,951 06/29/2000 AND CLAIMS BENEFIT OF 60/215,000 06/29/2000 AND CLAIMS BENEFIT OF 60/218,415 07/14/2000 AND CLAIMS BENEFIT OF 60/258,484 12/28/2000				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 08/17/2001				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature Initials		STATE OR COUNTRY GA	SHEETS DRAWING 9	TOTAL CLAIMS 4
				INDEPENDENT CLAIMS 3
ADDRESS 23494				
TITLE Digital still camera system and method				
FILING FEE RECEIVED 840	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	



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BIBDATASHEET

CONFIRMATION NO. 9505

Bib Data Sheet

SERIAL NUMBER 09/895,915	FILING DATE 06/29/2001 RULE	CLASS 348	GROUP ART UNIT 2612	ATTORNEY DOCKET NO. TI-31321
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APPLICANTS

John W. Glotzbach, Lawrenceville, GA;

Klaus Illgner, Muenchen, GERMANY;

** CONTINUING DATA *****

This appln claims benefit of 60/214,951 06/29/2000
 and claims benefit of 60/215,000 06/29/2000
 and claims benefit of 60/218,415 07/14/2000
 and claims benefit of 60/258,484 12/28/2000

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 08/17/2001

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	STATE OR COUNTRY GA	SHEETS DRAWING 9	TOTAL CLAIMS 4	INDEPENDENT CLAIMS 3
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ADDRESS

23494
 TEXAS INSTRUMENTS INCORPORATED
 P O BOX 655474, M/S 3999
 DALLAS , TX
 75265

TITLE

Digital still camera system and method

FILING FEE RECEIVED 840	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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